

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088405

1. Entity Name

STAFF OF LIFE, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90072 019 \*\*\*150.00

Principal Place of Business

123 N. PARTIN DR.  
NICEVILLE FL 32578  
US

Mailing Address

123 N. PARTIN DR.  
NICEVILLE FL 32578-2055  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3344116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMILLAN, BELINDA C  
123 N. PARTON DR.  
NICEVILLE FL 32578

Name

SANDRA L. CECIL

Street Address (P.O. Box Number is Not Acceptable)

5836 HWY 90 W 624 FOREMAN RD.

DEFUNIAK SPRGS.

City

FL

Zip Code  
32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Sandra L. Cecil Sec/Pres.*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

1/9/2000  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CECIL, JOHN H  
STREET ADDRESS 5836 HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME CECIL, SANDRA L  
STREET ADDRESS 5836 HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME MCMILLAN, BELINDA C  
STREET ADDRESS 5838 US HWY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC  
NAME CECIL, JOHN H.  
STREET ADDRESS 5836 US HWY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CECIL, SANDRA L.  
STREET ADDRESS 5836 US HWY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME MCMILLAN, BELINDA C  
STREET ADDRESS 5838 HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra L. Cecil* REQUESTED *SANDRA L. CECIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00  
Date

850-892-3081  
Daytime Phone #

CR2E034 (9/99)